

**ITE INFORMATION FORM (SIF)**

Printed: 4/10/2003

\*\*\*Internal Use Only\*\*\*

**EPA ID:** CTD001148568

**C3 ID:** 0100035

**Site Ifms Ssid:**

**Site Name:** MALLORY INDUSTRIES, INC.

33 SPRING LANE

FARMINGTON

CT 06032

**NPL Status:** N

**Latitude:** 72 52' 00.0"

**RCRA Flag:** Y

**Longitude:** 041 42' 50.0"

**Fed Fac Flag:** N

**Site Parent Id:**

**Ownership:** PR

**Site Archive Flag:**

**Site Archive Date:**

**Non NPL Status:** Site Reassessment Start Needed

**Non NPL Status Date:** 9/7/2001

**Final Assessment Decision** N

**Final Assessment Decision Date**

<u>Ou</u>	<u>Action</u>	<u>Lead</u>	<u>Evt Qual</u>	<u>Scap Note</u>	<u>Actual Start</u>	<u>Actual Complete</u>
DS001		F				6/1/1981
PA001		F	H			3/1/1983
SI001		F	L			7/30/1990
SH001		F	H			7/11/1997
OO001		F	L			8/2/2001

**Data Entry QA'd:** 

**Date:** 4-10-03

**State Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Data Entry Performed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**



# Notification • Hazardous Waste Site

United States  
Environmental Protection  
Agency  
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

CTS 0000010 16

810428

ref

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name

MALLORY IND., INC.

Street

SPRING LANE

City

FARMINGTON, CT. 06032

State

Zip Code

## B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site

MALLORY IND., INC.

Street

SPRING LANE

City

County

FARMINGTON, CT. 06032

State

Zip Code

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title)

MALLORY, EDWIN TREASURER

Phone

(203) 677-2895

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year)

1968

To (Year)

PRESENT 1981

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

### General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☒ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

### Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☒ Other (Specify)

CLEANING  
MANUFACTURED  
METAL PARTS

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

### Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.




UNCONTROLLED WASTE SITES  
AIR & HAZARDOUS MATERIALS DIV.

APR 30 1981

A copy is in the correspondence section.



**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☒ Tanks (1 UNDERGROUND TANK)
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

cubic feet

gallons

**Total Facility Area**

square feet

acres

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

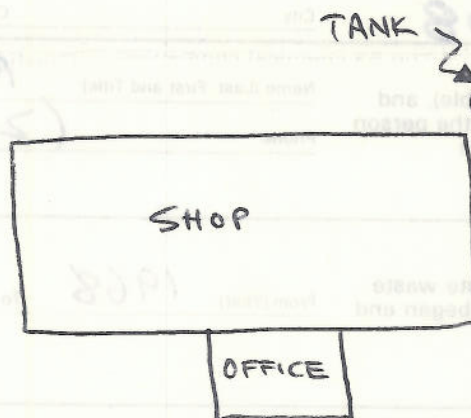
☐ Known ☐ Suspected ☐ Likely ☒ None

**Note:** Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

NORTH

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Tank installed underground in 1978. With our useage we estimate 5-7 years to fill the tank (primarily Mineral Spirits)

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name

MALLORY IND., INC.

Street

SPRING LANE

City

FARMINGTON, CT. 06032

State

Zip Code

Signature

Edin Mallory

Date

4/27/81

TREASURER

☒ Owner, Present☐ Owner, Past☐ Transporter☐ Operator, Present☐ Operator, Past☐ Other